

## APPLICATION DATA SHEET

## Application Information

JC20 Rec'd PCT/PTO 29 AUG 2005

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: AMBIPHILIC POROUS MATRIX

Attorney Docket Number:: 032553-054

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Mathew

Middle Name:: Louis, Steven

Family Name:: LEIGH

Name Suffix::

City of Residence:: Basel

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Hardstrasse 111

City of Mailing Address:: Basel

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-4052

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name::	Steve
Middle Name::	
Family Name::	LEIGH
Name Suffix::	
City of Residence::	Amsterdam
State or Province of Residence::	
Country of Residence::	Netherlands
Street of Mailing Address::	P.O. Box 2943
City of Mailing Address::	Amsterdam
State or Province of Mailing Address::	
Country of Mailing Address::	Netherlands
Postal or Zip Code of Mailing Address::	1000 CX
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Elsa
Middle Name::	
Family Name::	KUNG
Name Suffix::	
City of Residence::	Basel
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Rudolfstrasse 39

City of Mailing Address::	Basel
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-4054
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Netherlands
Status::	Full Capacity
Given Name::	Peter
Middle Name::	
Family Name::	VAN HOOGEVEST
Name Suffix::	
City of Residence::	Bubendorf
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Breitenstrasse 3
City of Mailing Address::	Bubendorf
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-4416

### **Correspondence Information**

Correspondence Customer Number::	21839
Phone Number::	(703) 836-6620
Fax Number:	(703) 836-2021

## Representative Information

Representative Customer Number:: 21839

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/001985	02/27/04

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	03251212.1	02/27/03	Yes

## Assignee Information

Assignee Name:: PHARES PHARMACEUTICAL RESEARCH N.V.

Street of Mailing Address:: Emancipatie Boulevard 31, P.O. Box 6052

City of Mailing Address:: Curaçao

State or Province of Mailing Address::

Country of Mailing Address:: Netherlands-Antilles

Postal or Zip Code of Mailing Address::